



***New Jersey Office of the Attorney General***

Division of Consumer Affairs

New Jersey Board of Nursing

124 Halsey Street, 6th Floor, P.O. Box 45010

Newark, New Jersey 07101

(973) 504-6430

**Certified Homemaker-Home Health Aide**  
**Employer Registration Form**

Congratulations on your recent New Jersey licensure/registration. If you will employ Certified Homemaker-Home Health Aides (CHHHAs), please complete this form and mail it, along with a copy of your agency's license/registration, to the New Jersey Board of Nursing. By doing this, you will be added to the Division of Consumer Affairs' list of CHHHA employers. As an employer of CHHHAs, you will be required to create and regularly access an online account that will enable you to create and maintain a current list of CHHHAs in your agency's employ. Instructions regarding this online account will be mailed to you once this form has been processed by the Division of Consumer Affairs, New Jersey Board of Nursing.

Agency Name: \_\_\_\_\_

Agency Address 1: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Agency Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

License/Registration Number: \_\_\_\_\_

Agency Registered with: (Please choose one.)

- ☐ Department of Health and Senior Services
- ☐ Department of Community Affairs
- ☐ Regulated Business
- ☐ Other

If other, please specify: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_  
(include area code)

Contact E-Mail Address: \_\_\_\_\_

**Mail or fax this completed form to (973) 648-6914, along with a copy of your license/registration, to:**

**New Jersey Board of Nursing**

124 Halsey Street, 6th floor

P.O. Box 45010

Newark, NJ 07101

**Attention: Melissa Downer**

**Complete and return this form ONLY if your agency or facility employs Certified Homemaker-Home Health Aides.**  
**You may contact Melissa Downer at the New Jersey Board of Nursing at (973) 504-6430 with any questions.**